U.S. Department of Labor ' Office of Labor-Management Standards Washington DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 10598	2. Fiscal Year Covered From.
	[]/[]/[04] Through []/[3]/[04]
3 Name and address of person filing	4 Name file number and address of labor organization
Name Robert W Rybak	Name Plymbers Local 55
	Labor Organization File Number 0/1/3
PO Box, Bidg Room No if any	PO Box, Building and Room Number if any
Street 5108 GREAT DAKS PKWy.	Street 980 Kaynute Circle
City Independence	city Geveland
State 0h.0 ZIP, Code + 4 44131	State OH ZIP Code + 4 CH/3
5 Position in labor organization JATC TRAINING Director	
Enter appropriate data below if during the past fiscal year, you or your spouse or minor child directly or hidirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in, engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (Including trade name if any)	7 a Nature of interest, Transaction or income
Name Local 55 JATC	George Maneig labor School + Semmer
Trade Name if any	
PO Box Bldg Room No If any	7.b Amount.
Street 900 Kg, 1tg C50-18	7.0 Allocale
Street 980 Keynote Ciacle	
City Brooklyn Hts	55000- , , , , , , , , , , , , , , , , , ,
State Chio ZIP Code + 4 44131	, ,,
Signature	
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this deport (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true correct, and complete (See the section on penalties in the instructions.) Signed On 8-10-05 Date Telephone Number	
to bold	Date Telephone Number

Name of Person Filing Robert W Rybak	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any) Name Plumbons (med 55 fear Apratically) Trade Name if any PO Box, Bidg Room No if any Street 980 Kounde Cealle City Brookly Hs State Oho ZIP Code + 4 4413)	9 Business deals with a Labor Organi :ation b Trust c. Employer	
10 If 9 b or 9 c. is checked give trust or employer's name Name LOCAL 55 Journal Appearationship Trade Name If any: PO Box, Bidg Room No if any Street 980 Keywole Chacle	11 a Nature of such dealing Trust Fund For educating Journayour + Apprellans of local 55	
	11.b Approximate dollar value of such dealing	
State Ohio ZIP Code + 4 44131	Mones le allent Gang Many Collage	
	12 b Amount. \$55000	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.	
Name		
Trade Name if any		
P O Box, Bldg Room No if arry Street City ZIP Code + 4		
13.b is the Business an Employer or Consultant ?	14 b Amount of payment.	